

STATE OF NEW HAMPSHIRE**Honorarium or Expense Reimbursement Report (RSA 15-B)****Type or Print all Information Clearly:**Name: Patricia M McMahon Work Phone No. 603 927-4705
First Middle LastWork Address: 1511 Route 114 Box 95 North Sutton, NH 03260Office/Appointment/Employment held: State Representative & NHRS Board of Trustees

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:Name of source: Council of State Government
First Middle Last

Post Office Address: _____

Occupation: non-profitPrincipal Place of Business: New York + WDC**RECEIVED**

APR 03 2009

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

**NEW HAMPSHIRE
DEPARTMENT OF STATE**

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 ☒Value of Honorarium: ~~00~~ 00 Date Received: April 2, 2009 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. ☐ Exact ☒ EstimateValue of Expense Reimbursement: \$50 Date Received: April 2, 2009 A copy of the agenda or an equivalent document must be attached to this filing. ☒ Exact ☒ Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Dinner with CSG staff and other Representatives

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Patricia McMahon
Signature of FilerApril 2, 2009
Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.**Return to:** Secretary of State's Office, State House Room 204, Concord, NH 03301